

FILED JUN 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18878

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|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 2296 | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. LENGTH OF STAY (in this place) 26 yrs. | | c. CITY OR TOWN Kansas City | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4315 Woodland | | | | STREET ADDRESS (If rural, give location) 103 4315 Woodland 3630 | | | |
| 3. NAME OF DECEASED (Type or Print) FRANCES | | a. (First) | | b. (Middle) | | c. (Last) OWENS | |
| 4. DATE OF DEATH May 26, 1955 | | (Month) (Day) (Year) | | 5. SEX Female | | 6. COLOR OR RACE white | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH March 17, 1876 | | 9. AGE (in years last birthday) 79 | | IF UNDER 1 YEAR: Months Days Hours Mts. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | | 11. BIRTHPLACE (City and State or Foreign Country) Breckenridge, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Ephrim E. Rupert | | 13b. MOTHER'S MAIDEN NAME Sophia Lee Carter | | 14. NAME OF HUSBAND OR WIFE Hamilton Owens | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Helen Trowbridge, 4315 Woodland, K.C. Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia INTERVAL BETWEEN ONSET AND DEATH 1 month ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis 10 years DUE TO (c) Diabetes Mellitus 16 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 560X | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 22 April, 1955 , to 26 May, 1955 , that I last saw the deceased alive on 23 May, 1955 and that death occurred at 6:48 p. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE R. Glenn Elliott MD (Degree or title) | | | | 23b. ADDRESS 1402 Bryant Blvd 1402 Bryant Blvd 27 May 55 | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 5/27/55 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Zion | | 24d. LOCATION (City, town, or county) (State) Carrollton, Missouri | |
| DATE REC'D BY LOCAL REG. 5-27-55 | | REGISTRAR'S SIGNATURE Neva Minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE STINE & MCCLURE UND. CO. | | ADDRESS K.C. MO. | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
R. Glenn Elliott MD

10:00, 7.2.11

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.